

CITY OF SAN DIEGO
ADULT RESCUE AND FITNESS TRAINING PROGRAM

Registration form--SESSION 1--July 20, 21 & 28, 2007

First Name:	Last Name:
Address:	
City:	State: Zip:
Email:	Phone 1:
Phone 2:	
Emergency Contact Information	
First Name:	Last Name:
Relationship:	Phone 1:
Phone 2:	

Please take a moment to complete the following self-assessment survey.

1. Swimming Ability:

☐ Expert ☐ Advanced ☐ Intermediate ☐ Novice

2. Ocean experience/activities:

☐ Expert ☐ Advanced ☐ Intermediate ☐ Novice

3. Overall Fitness Level:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

4. Narrative: Describe your personal experience with ocean activities and what you hope to learn and experience by participating in this program:

Please complete this form and return with a check for \$300.00 made payable to the **City of San Diego**. You may also pay with a credit card.

☐ Visa ☐ Master Card Amount: _____

Credit card # _____ Expiration date: _____

Include Program waiver and medical information sheet and mail to:

San Diego Lifeguards
Attn: ARAFT Coordinator
2581 Quivira Court, San Diego, CA 92109